2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 03, 2005 08:00 AM DOCUMENT # 728324 1. Entity Name **Secretary of State** AVON TERRACE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 850 N ATLANTIC AVE 850 N ATLANTIC AVE D304 COCOA BEACH FL 32931 ... COCOA BEACH FL 32931 2. Principal Place of Business Maiting Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 08-9186540 Not Applicable \$8.75 Additional Country Ζiρ Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALEY, ANGELA Street Address (P.O. Box Number is Not Acceptable) 850 N ATLANTIC AVE D304 COCOA BEACH FL 32931 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when roinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PĎ Change Addition TITLE ☐ Delete TITLE U00000213524 02/03/05-80073-010 61.25 DALEY, DAVID NAME NAME P.O. BOX 321123 N/A STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32932 CITY ST-ZIP CITY-ST-ZIP SD Change ☐ Addition ☐ Delete UHF TITLE DALEY, ANGELA NAME 850 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP ENTY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE DALEY, BERNARD NAME NAME 850 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITL F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.